

**2018 EXPENSE REIMBURSEMENT FORM**

**[PLEASE SUBMIT ORIGINAL WITH RECEIPTS]**

*This form should be submitted within 30 days of completing travel, but no later than the end of the fiscal year. Allowable expenses are reimbursed per the travel & expense policy (103.003).*

Name: \_\_\_\_\_

Position:      Exec.      Board                      Other: \_\_\_\_\_

Member Entity:

Travel Type:      Exec. Meeting      Board Meeting      Training: \_\_\_\_\_

Date(s): \_\_\_\_\_ Grant Application:      Submitted      Attached

**Meals:**

*Maximum Reimbursable (including tip): Breakfast \$12.00; Lunch \$15.00; and Dinner \$30.00*

Date	Breakfast		Lunch		Dinner		TOTAL	
	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>
							\$	\$
							\$	\$
							\$	\$
							\$	\$

**Other Expenses:**

	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>
Car Rental <i>[include gas]</i>	\$ _____	\$ _____
Cab / Shuttle / Parking / Tolls	\$ _____	\$ _____
Airfare	\$ _____	\$ _____
Hotel	\$ _____	\$ _____
Other <i>[describe below]</i>	\$ _____	\$ _____

**Mileage – Select Vehicle:**

	<i>Personal Vehicle</i>	<i>Entity Vehicle</i>
(miles) x \$0.545 <small><i>[IRS Rate eff. 1/1/18]</i></small>	\$ _____	\$ _____

**Process Check(s):** To Entity: \$ \_\_\_\_\_ ***Mailed to Entity***

To Individual: \$ \_\_\_\_\_ ***Mailing Address:***

Entity      Other: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments/Description:** \_\_\_\_\_

**FOR PARSAC'S USE:** Grant Amount:     Total Pd.     Pd. Individual     Pd. Entity     Other \$ \_\_\_\_\_